



Membership Form

As an OCAAHS member, you help us fulfill our mission to illuminate the rich and deep history of the accomplishments and contributions of Orange County African Americans. We identify, research, and preserve African American legacies, lore, and historical sites. In addition, we host three major annual events: **February**, *OC African American County Heritage & Membership Meeting*; **June 19**, *Juneteenth*; and **October**, *OCAAHS Eclipse Awards Dinner*.

Name _____

Organization (optional) _____

Address _____

Street _____

City _____ State _____ Zip _____

Email _____

We use email to communicate with our members. We DO NOT SHARE contact information.

Phone _____

Membership dues are applied to the current calendar year, January through December, unless otherwise indicated below. You're welcome to pay for multiple years if you wish.

For calendar year(s) 20 _____

___ **Individual Member** \$20 per calendar year

___ **Sponsor Member** \$100 and above per calendar year

___ **Additional Donation** \$ _____

___ Please check here if you're interested in volunteering

TOTAL ENCLOSED \$ _____ *

Please make your check payable to **OCAAHS** and mail with this form to OCAAHS, 130 Caroline Street, Orange, VA 22960.

* Scan the QR code if you prefer to complete on line

